SCHEDULE E)	PAGE 1 OF 7 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
House Majority PAC		
	C C00495028	
Check If Z 24-hour report 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y	
Full Name (Last, First, Middle Initial) of Payee	Date	
Waterfront Strategies	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 3050 K Street, NW		
Suite 100	Amount	
City State Zip Code	223024.40	
Washington DC 20007	ransaction ID : D658300	
Purpose of Expenditure Category/ Office	Sought: House State: UT	
Television Advertising Type	Senate District: 04	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
Mia Love Check	One: Support X Oppose	
Dishar		
Caleridal Fear-To-Date Fer Election 431184 61 2012	rsement For: Primary General	
for Office Sought	Other (specify)	
	Date	
The Baughman Company, Inc.	M M / D D / Y Y Y	
Estimate Mailing Address 1782 Union Street	10 31 2012	
	Amount	
City State Zip Code		
San Francisco CA 94123-4449	13995.15	
Office	ransaction ID : D657229 Sought: House State: FL	
Purpose of Expenditure Direct Mail Category/ Type	Senate Service	
	President District: 18	
Name of Federal Candidate Supported or Opposed by Expenditure: Allen R. West Check	○ Cone: Support	
Allen B. West	Cappert Sappers	
	rsement For: Primary X General	
for Office Sought 2327850.33 2012	Other (specify)	
(a) SUPTOTAL of Itamized Independent Expanditures	227040 55	
(a) SUBTOTAL of Itemized Independent Expenditures	237019.55	
(1) OUDTOTAL (11) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(b) SUBTOTAL of Unitemized Independent Expenditures	4	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Shannon Roche		
[Electronically Filed] Date 11	01 2012	
Signature		

SCHEDULE E)	PAGE 2 OF 7 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
House Majority PAC	C C00495028	
Check If X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y	
Full Name (Last, First, Middle Initial) of Payee Mack Crounse Group	M M / D D / Y Y Y Y	
Mailing Address 2001 N. Beauregard Street Amou	10 31 2012	
	3111	
City State Zip Code Alexandria VA 22311 Transa	25619.21 action ID: D657223	
Purpose of Expenditure Direct Mail Category/ Type Office Soughtime	thi: House State: NY Senate District: 19	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
Christopher P Gibson Check One		
Calendar Year-To-Date Per Election for Office Sought Disburseme 2012	ent For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee		
Mack Crounse Group	10 31 2012	
Mailing Address 2001 N. Beauregard Street		
Amou	unt	
City State Zip Code Alexandria VA 22311	12023.77 action ID : D657225	
Purpose of Expenditure Direct Mail Category/ Type Office Sough		
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
Anthony A. Strickland Check One	: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought 1357846.51 Disburseme 2012	ent For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	37642.98	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Shannon Roche [Electronically Filed] Date 11	01 2012	
Signature		

(SCHEDULE E)	PAGE 3 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
House Majority PAC	C C00495028
Check If X 24-hour report 48-hour report New report Amends	s report filed on
Full Name (Last, First, Middle Initial) of Payee	Date
Mission Control, Inc.	Date
Mailing Address 114 A Mansfield Hollow Road	10 31 2012
	Amount
City State Zip Code	9230.28
Mansfield Center CT 06250	Transaction ID : D658541
Purpose of Expenditure Direct Mail Category/ Type	Office Sought: House State: CA Senate District: 36
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Mary Bono Mack	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Putnam Partners LLC	Date
Estimate	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2601 Wilson Boulevard	Arranist
Suite 201	Amount
City State Zip Code Arlington VA 22201	622.33 Transaction ID : D658288
Purpose of Expenditure Media Production Costs Category/ Type	Office Sought: House State: UT Senate District: 04
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Mia Love	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 431184.61	Disbursement For: Primary General 2012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Shannon Roche [Electronically Filed]	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature [Electronic and Thear	Date 11 01 2012

SCHEDULE E)	PAGE 4 OF 7 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
House Majority PAC	C C00495028	
Check If X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y	
Full Name (Last, First, Middle Initial) of Payee		
Putnam Partners LLC Estimate	M M / D D / Y Y Y Y	
Mailing Address 2601 Wilson Boulevard	10 31 2012	
Suite 201	nount	
City State Zip Code	11700.00	
Arlington VA 22201	11700.00 nsaction ID : D658536	
Purpose of Expenditure Media Production Costs Category/ Type Office So		
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
Mia Love Check C	One: Support X Oppose	
Calendar Year-To-Date Per Election for Office Sought Disburse 2012	ment For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee The Pivot Group	ate	
Mailing Address 1720 I Street, NW	10 31 2012	
Ar	nount	
Suite 520 City State Zip Code		
Washington DC 20006	25225.00	
Tra	nsaction ID : D657230 ought:	
Direct Mail Category/ Type Category/	Senate District: 01	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
Brendan Doherty Check C	One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought 102035.39 Disburse 2012	ment For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	36925.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Shannon Roche [Electronically Filed] Date 11	01 2012	
Signature		

SCHEDULE E)	PAGE 5 OF 7 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
House Majority PAC	C C00495028	
Check If X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y	
Full Name (Last, First, Middle Initial) of Payee	_	
The Pivot Group	Date M M / D D / Y Y Y Y Y Y Y Y Y	
Mailing Address 1720 I Street, NW	Amount	
Suite 520 City State Zip Code	Autourk	
City State Zip Code Washington DC 20006	31848.60 Transaction ID : D657237	
Purpose of Expenditure Direct Mail Category/ Type Office	e Sought: House State: MN Senate District: 08	
Name of Federal Candidate Supported or Opposed by Expenditure:	President Oppose	
Raymond J. Cravaack	Street. Support	
Calendar Year-To-Date Per Election for Office Sought Disb	ursement For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee AMS Communications, Inc.	Date	
Mailing Address 500 Sansome Street	10 31 2012	
Suite 404	Amount	
City State Zip Code San Francisco CA 94111	10452.50 Transaction ID : D657227	
Purpose of Expenditure Direct Mail Category/ Type Office	e Sought: House State: CA Senate District: 10	
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Denham Check	President ck One: Support Oppose	
Jen Dennam		
Calendar Year-To-Date Per Election for Office Sought 520473.44 Disb	ursement For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	42301.10	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Shannon Roche [Electronically Filed] Date 1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		

SCHEDULE E)	PAGE 6 OF 7 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
House Majority PAC	C C00495028	
Check If X 24-hour report 48-hour report New report Amends report	t filed on M M / D D / Y Y Y Y Y	
Full Name (Last, First, Middle Initial) of Payee		
Revolution Media	Date	
Mailing Address 1730 Rhode Island Avenue, NW	10 31 2012	
Suite 600	Amount	
City State Zip Code	8180.00	
Washington DC 20036	Transaction ID : D658537	
Purpose of Expenditure Online Advertising Category/ Type	Office Sought: House State: CA Senate District: 10	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
Jose M. Hernandez	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Revolution Media	Date	
Mailing Address 1730 Rhode Island Avenue, NW	10 31 2012	
Suite 600	Amount	
City State Zip Code	5140.00	
Washington DC 20036	Transaction ID : D658538	
Purpose of Expenditure Online Advertising Category/ Type	Office Sought: House State: WA Senate District: 01	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
John Koster	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought 381061.33	Disbursement For: Primary General 2012 Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	13320.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Shannon Roche	M = M / D = D / Y = Y = Y	
Signature [Electronically Filed] Date	11 01 2012	

Name (Last, First, Middle Initial) of Payee Category Candidate Supported or Opposed by Expenditure Category Cat	(SCHEDULE E)		PAGE 7 OF 7 FOR SE OF FORM 24/48
House Majority PAC C c00495028 Check II 24-hour report 48-hour report	NAME OF COMMITTE (In Full)		FEC IDENTIFICATION NUMBER ▼
Check IX 24-hour report Ashour report X New report Amenda report filed on	House Majority PAC		
Revolution Media Mailing Address 1730 Rhode Island Avenue, NW Suite 600 Sitate Zip Code Transaction ID : 0658539 Sol. 00	Check If X 24-hour report 48-hour report	New report Amends repor	
Mailing Address 1730 Rhode Island Avenue, NW Suite 600	Full Name (Last, First, Middle Initial) of Payee		
Mailing Address 1730 Rhode Island Avenue, NW Suite 600 City Washington DC 20036 Transaction ID: D658539 Purpose of Expenditure Orline Advertising Name of Federal Candidate Supported or Opposed by Expenditure: Calendar Year-To-Date Per Election (or Office Sought Name of Federal Candidate Supported or Opposed by Expenditure: City State Zip Code President Check One: Support Office Sought Amount City State Zip Code Disbursement For: Primary Caregory Type Office Sought: House State: President Check One: Support Office Sought: Name of Federal Candidate Supported or Opposed by Expenditure: City State Zip Code Office Sought: House State: Senate Disbursement For: Primary Concernate Senate Dispursement For: President Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought: Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Other (specify) Other (specify) State: Senate Dispursement For: Primary General Other (specify) Other (specify) Other (specify) Other (specify) Cother (specify) Other (specify) Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or off the reporting entity is not a political party committee) any political party committee or is agent. Shamon Roche [Electronically Filed] Date Table Date Transaction ID: 500.00 Office Sought: Amount Check One: Support Office Sought: Amount Check One: Support Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify)			M = M / D = D / Y = Y = Y
City State Zip Code 20036 Purpose of Expenditure Online Advertising Name of Federal Candidate Supported or Opposed by Expenditure: William S. Southerland III Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Mailing Address Amount City State Zip Code Purpose of Expenditure Category/ Type Disbursement For: Primary General Candidate Supported or Opposed by Expenditure: Category/ Type Disbursement For: Primary General Candidate Supported or Opposed by Expenditure: City State Zip Code Purpose of Expenditure Category/ Type Disbursement For: Primary General Candidate Supported or Opposed by Expenditure: Check One: Support Opposed District: District: District: Primary General Candidate Supported or Opposed by Expenditure: Check One: Support Opposed District: Primary General Candidate Supported or Opposed by Expenditure: Check One: Support Opposed District: Primary General Candidate Supported or Opposed District: President Check One: Support Oppose	Mailing Address 1730 Rhode Island Avenue, NW		
Washington DC 20036 Purpose of Expenditure Online Advertising Name of Federal Candidate Supported or Opposed by Expenditure: William S. Southerland III Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Mailing Address Amount City State Zip Code Purpose of Expenditure Category/ Type Office Sought: Name of Federal Candidate Supported or Opposed by Expenditure: City State Zip Code Purpose of Expenditure Category/ Type Office Sought: Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Check One: Support Oppose State Date Amount City State Zip Code Category/ Type Office Sought: Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Other (specify) Category/ Type Office Sought: Other Core: Support Oppose Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Shamon Roche [Electronically Filed] Date 11	Suite 600		Amount
Purpose of Expenditure Category/ Type Office Sought: House State: Full Name (Last, First, Middle Initial) of Payee Date House State: Full Name of Federal Candidate Supported or Opposed by Expenditure: Office Sought: Office	City State	e Zip Code	500.00
Purpose of Expenditure Online Advertising Name of Federal Candidate Supported or Opposed by Expenditure: William S. Southerland III Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Date Mailing Address City State Zip Code Date Amount City State Category/ Type Office Sought: House State: District: Primary General 2012 Other (specify) Full Name of Federal Candidate Supported or Opposed by Expenditure: Category/ Type Office Sought: House State: District: President City State City State City State Category/ Type Office Sought: House State: District: President Other (specify) Other (specify) Office Sought: Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) State: District: President Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) State: District: Primary General Other (specify) State: District: Primary Other (specify) Oth	Washington DC	20036	
William S. Southerland III Calendar Year-To-Date Per Election for Office Sought State Sta	Purpose of Expenditure Online Advertising		Office Sought: House State: FL Senate District: 02
Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Date D	Name of Federal Candidate Supported or Opposed by Ex	xpenditure:	
Full Name (Last, First, Middle Initial) of Payee Mailing Address	William S. Southerland III		Check One: Support Oppose
Mailing Address Amount City State Zip Code Purpose of Expenditure Category/ Type		343692.66	2012
Mailing Address Amount City State Zip Code Purpose of Expenditure Category/ Type Office Sought: House State: Senate District: President Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) ary political party committee or its agent. Shannon Roche [Electronically Filed] Date 11 01 2012	Full Name (Last, First, Middle Initial) of Payee	l	Date
Mailing Address Amount City State Zip Code Purpose of Expenditure Category/ Type Office Sought: House State: Senate District: President Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) ary political party committee or its agent. Shannon Roche [Electronically Filed] Date 11 01 2012			M M / D D / Y Y Y
City State Zip Code Purpose of Expenditure Category/ Type Office Sought: House State: Senate District: President Check One: Support Opposed Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures. (b) SUBTOTAL of Unitemized Independent Expenditures. (c) TOTAL Independent Expenditures. Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	Mailing Address		
City State Zip Code Purpose of Expenditure Category/	Mailing Address		Amount
Purpose of Expenditure Category/ Type			Amount
Name of Federal Candidate Supported or Opposed by Expenditure: Category Type	City State	e Zip Code	
Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures. (b) SUBTOTAL of Unitemized Independent Expenditures. (c) TOTAL Independent Expenditures. Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Shannon Roche [Electronically Filed] Date M. M. M. M. D. D. D. J. Y.	Purpose of Expenditure		
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures		Type	District.
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate Supported or Opposed by Ex	xpenditure:	President ————
(a) SUBTOTAL of Itemized Independent Expenditures			Check One: Support Oppose
(c) TOTAL Independent Expenditures			' 🗀
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Shannon Roche	(a) SUBTOTAL of Itemized Independent Expenditures		500.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Shannon Roche	(b) SUBTOTAL of Unitemized Independent Expenditures		·
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Shannon Roche [Electronically Filed] Date Date M M M D D D D D D D	(c) TOTAL Independent Expenditures		377561.24
[Electronically Filed] Date 11 01 2012	with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political		
	Shannon Roche	[Electronically Filed] Date	
	Signature		